

# EXHIBIT 9

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF MARYLAND  
(Northern Division)

LAUREN SEARLS

Plaintiff

v.

JOHNS HOPKINS HOSPITAL

Defendant

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Case No.:

1:14-CV-02983-CCB

The videotape deposition of STACEY

ROTMAN, taken on Friday, March 27th, 2015,

commencing at 10:06 a.m., at the law offices of

Brown, Goldstein & Levy, LLP, 120 East Baltimore

Street, Suite 1700, Baltimore, Maryland 21202,

before Sharon A. Beaty, Notary Public.

Reported by: Sharon A. Beaty, CSR

1 liver doctor that day?

2 A The Department of Medicine is divided up  
3 into a bunch of different groups of doctors, there  
4 are four firms.

5 Q Uh-huh.

6 A So our firm is called the Barker firm,  
7 so we have the Barker physicians who have an office  
8 on the unit. Our goal is to have Barker patients  
9 on our unit, but because of occupancy levels there  
10 isn't a guarantee that all of your patients will be  
11 Barker and it's very rare that we have a hundred  
12 percent geography, so we could have up to nine  
13 different services on the unit at once.

14 Q It sounds hectic.

15 A Yes.

16 Q The -- so I want to talk a little bit  
17 about the equipment that you used on Halsted 8.  
18 What types of alarms were used in the equipment on  
19 Halsted 8?

20 A On Halsted 8 we, our telemetry patients  
21 had a central monitoring system, not a bedside

1 monitoring system, so there were alarms that were  
2 going off at the central monitoring system. If  
3 patients were on CPAP machines at night those could  
4 alarm. Our IV pumps alarm.

5 Q What's the difference between the  
6 central --

7 MR. FRIES: Excuse me. Are you finished  
8 or --

9 THE WITNESS: No.

10 MR. FRIES: -- are you thinking?

11 Q Oh, I'm sorry.

12 A I'm thinking.

13 Q I apologize, I broke my own rule.

14 A That's okay.

15 Q Keep going.

16 A We have bed alarms that will alarm.  
17 That encompasses the major alarms on the unit.

18 Q Okay. What's the difference between the  
19 central monitoring system and the bedside  
20 monitoring system?

21 A If you have bedside monitoring, your

1 patient in the bed has an actual monitor right next  
2 to them that you can see. A central monitoring  
3 system is a, is a monitor that is in the nurses'  
4 station and one in the hallway so you can't see  
5 your patients, your patients when they're in the  
6 room.

7 Q Okay. So every patient had either a  
8 central monitoring system or a bedside monitoring  
9 system?

10 A No. If patients were on telemetry they  
11 only had central monitoring, we had no bedside  
12 monitoring on Halsted 8.

13 Q Oh, okay. So there were no bedside  
14 monitors on Halsted 8?

15 A Correct.

16 Q Okay. So just, I want to make sure that  
17 I've got this. The types of alarms that you  
18 mentioned were the central monitoring system, the  
19 IV pumps, the CPAPs and the bed alarms?

20 A Those are the major ones, yes.

21 Q Okay. Did the central monitoring system

1 have both a visual and an auditory and audible  
2 alarm?

3 A Describe what you mean by visual.

4 Q If the alarm went off on the system was  
5 there something you could see to know that there  
6 was an alarm?

7 A If you were standing in front of the  
8 screen, yes.

9 Q If the IV pump alarm went off, was there  
10 both a visual -- was there a visual component to  
11 that alarm?

12 A There's a red light, yes.

13 Q If the CPAP machine alarm went off, was  
14 there a visual component to that alarm?

15 A I don't believe there is on the CPAP  
16 machine.

17 Q And if the bed alarm went off was there  
18 a visual component to the bed alarm?

19 A No.

20 Q Okay. So when did you first meet Lauren  
21 Searls?

1 at the time of 10:52.

2 (Brief recess.)

3 THE VIDEOGRAPHER: Back on the video  
4 record at the time of 10:58.

5 BY MS. ABELSON:

6 Q So I want to go back to something. I  
7 realized that I knew the answer to some questions  
8 but I did not get them on the record for everyone  
9 to know the answer. What is a CPAP machine?

10 A A CPAP machine is a continuous positive  
11 airway pressure machine. Some patients who have  
12 sleep apnea will wear it at night to make sure that  
13 their airway stays open.

14 Q Okay. And how often do the CPAP  
15 machines -- what causes a CPAP machine alarm to go  
16 off?

17 A If there's an obstruction and the  
18 machine isn't able to work appropriately it will go  
19 off.

20 Q What do you mean by an obstruction?

21 A If it's not, if it's not working

1 properly the alarm will go off, so the nurse would  
2 have to go in to make sure that the patient is  
3 stable.

4 Q Okay. How often do the CPAP alarms go  
5 off?

6 A It depends on the patient.

7 Q Okay. What -- why is it different from  
8 patient to patient?

9 A It depends on how the patient is, the  
10 position they're sleeping in, it depends on how bad  
11 their sleep apnea is, so a lot of different  
12 variables.

13 Q Okay. The -- when you mean by, when you  
14 say an obstruction, do you mean like a physical  
15 obstruction in the machine?

16 A It could be a, it could be a machine  
17 problem or it could be a problem with the patient.

18 Q Okay. And what types of problems with  
19 the patients?

20 A Not breathing.

21 Q Okay. Is the -- but the -- what, what



1 would cause a patient to stop breathing?

2 A Their sleep apnea.

3 Q Okay. The -- but the CPAP machine is  
4 there to prevent them from not breathing because of  
5 the sleep apnea, correct?

6 A Yes.

7 Q So what would cause the machine to stop  
8 working?

9 A It could be an issue with the machine  
10 itself, a mechanical problem, or if the patient is  
11 in a strange position where they can't get the air  
12 in it will go off.

13 Q So if a patient rolls over it might stop  
14 the CPAP machine from working?

15 A It could potentially.

16 Q Okay. Does it usually?

17 A Usually -- I can't say. It just, it's  
18 so individual-specific. Some patients will come  
19 in, it will go off frequently and some patients  
20 will come in it won't go off at all.

21 Q Okay. And what is a -- what does the

1 central monitoring system show?

2 A It shows heart rhythm and that's it.

3 Q Okay. And the -- I believe you  
4 testified earlier that the central monitoring  
5 system is, monitors the patient in the room but  
6 then is displayed at the nursing station?

7 A There is a display at the nurses'  
8 station.

9 Q Is there also a display in the room?

10 A No.

11 Q Okay. How -- is there also a display in  
12 the hallway?

13 A One at the end of the hallway.

14 Q Okay. So there's one at the end of the  
15 hallway, one at the nursing station and nothing in  
16 the room?

17 A Correct.

18 Q Okay.

19 MR. FRIES: Can we just clarify for the  
20 record? We're talking about Hal- -- we're talking,  
21 we're talking about Halsted 8?

1 Q We are talking about Halsted 8?

2 A Yes.

3 Q Yes. The -- how often do the central  
4 monitoring system alarm?

5 A Pretty much continuously.

6 Q Okay. Why do they alarm continuously?

7 A They alarm for various reasons; PVCs,  
8 which are premature ventricular contractions,  
9 bigeminy, trigeminy, ventricular fibrillation,  
10 ventricular tachycardia, sinus bradycardia, sinus  
11 tachycardia. Any kind of abnormal heart rhythm  
12 could set off the central monitoring system.

13 Q Do all of those alarms require a  
14 response?

15 A No.

16 Q How do the nurses know which alarms  
17 require responses and which do not?

18 A There's different sounds for the alarms.

19 Q How many different sounds does it make?

20 A Several. I can't give you an exact  
21 number but there are several different sounds that

1 it makes.

2 Q Can you estimate?

3 A No, I, I can't.

4 Q Just -- can you estimate if it was more  
5 than ten or fewer than ten?

6 A It's all beeping, it just depends on the  
7 beeps, what the beeps sound like.

8 Q How did you learn which beeps require --  
9 which, what the beeps mean?

10 A You're taught that in orientation.

11 Q How much time in orientation is spent on  
12 that?

13 A The entire orientation process is nine  
14 weeks and that is something that is observed on a  
15 constant basis. It's not just a class.

16 Q Are you ever given a chart or any sort  
17 of written description?

18 A Not that I'm aware of, because it would  
19 be hard to, beep, to put that on paper.

20 Q Okay. Are you ever given a recording?

21 A No.

1 Q And you also mentioned bed alarms.

2 What's a, what does the bed alarm tell you?

3 A A bed alarm tells you that a patient is  
4 getting out of bed.

5 Q Okay. And -- it tells you -- does it  
6 tell you every time a patient gets out of bed?

7 A If you have the bed alarm on, yes.

8 Q Okay. So for patients who are permitted  
9 to get out of bed do you turn the bed alarm off?

10 A Yes.

11 Q How often do the bed alarms sound?

12 A A lot. Frequently.

13 Q Do they always indicate that a patient  
14 is actually trying to get out of bed?

15 A They're supposed to indicate that a  
16 patient is getting out of bed.

17 Q In your experience do they indicate --

18 A Yes.

19 Q -- that a patient is actually getting  
20 out of bed and not just moving in bed?

21 A They're relatively accurate.

1 Q And you also mentioned the IV pump  
2 alarms I think. When do the IV pump alarms sound?

3 A They can sound when there's an  
4 occlusion, they can, they can sound when the bag is  
5 empty.

6 Q What's an occlusion?

7 A An occlusion is something that's  
8 preventing the IV fluid from going in, maybe a kink  
9 in the tubing, is probably the most common  
10 occlusion.

11 Q Okay. I think I interrupted you. So  
12 you said an occlusion, when the bag is empty. Are  
13 there other times when the IV pump alarm would  
14 sound?

15 A If the battery is low, if the volume to  
16 be infused is getting close to zero. I believe  
17 that's it.

18 Q Do all of those alarms require an  
19 immediate response?

20 A Yes.

21 Q What would happen if the battery was low

1 and you didn't respond in say ten minutes?

2 A If the battery would shut down then the  
3 pump would turn off.

4 Q How long before the battery -- before  
5 the pump -- how long before the battery dies does  
6 the alarm tell you that the battery is running low?

7 A I actually don't know the answer to that  
8 question.

9 Q Okay. Would you agree that it might not  
10 be five minutes?

11 A I, I don't know the answer to the  
12 question.

13 Q So of the, the central monitoring system  
14 alarms, when that, when that alarm sounds, how  
15 often does it indicate an emergency situation?

16 A Are you asking how many emergencies we  
17 have on the unit?

18 Q Well, that's a separate question, but I  
19 would like to know the answer to that, how many  
20 emergencies, how often do you have emergencies on  
21 the unit?

1           A       An emergency as deemed by having a code  
2 team come to the unit would be about once or twice  
3 a month.

4           Q       Okay. So besides when you have the code  
5 team once or twice a month, are those the only  
6 emergency situations you deal with on -- or that  
7 you dealt with on Halsted 8?

8           A       No.

9           Q       Okay. What other types of emergency  
10 situations would you deal with?

11          A       We have emerge -- I'm sorry.

12          Q       Yeah.

13          A       We have emergency situations that don't  
14 require the code team. Certain rhythms can be  
15 fixed with medications if they're dealt with in a,  
16 in a quick way. That would be -- that's the most  
17 accurate answer.

18          Q       So when you say rhythms, you mean heart  
19 rhythms?

20          A       Yes.

21          Q       Okay. And those are mon- -- are



1 reflected by the central monitoring system; is that  
2 right?

3 A Yes. Yes.

4 Q So how frequently would a central  
5 monitor, an alarm on the central monitoring system  
6 indicate an emergency situation?

7 A I don't have an exact answer for you.

8 Q Just in your experience would you say  
9 once a week?

10 A At least once a week.

11 Q Once a day?

12 A I wouldn't say once a day.

13 Q Okay. So somewhere between once a day  
14 and once a week?

15 A A few times a week.

16 Q Okay. How often would an alarm, the  
17 alarm sounding on the IV pump indicate an emergency  
18 situation?

19 A Well, the IV pumps don't signify an  
20 emergency situation, the IV pumps signify that if  
21 you don't fix a problem with the IV you could, an

1 emergency situation could ensue.

2 Q Okay. And how, how quickly could that  
3 emergency situation ensue if you don't respond to  
4 the IV pump?

5 A It depends on the medication infusing.

6 Q Okay. How about the CPAP alarm, how  
7 often would the CPAP alarm indicate an emergency  
8 situation?

9 A Again, it's a warning sign for you to go  
10 into the room to assess the situation to make sure  
11 there's not an emergency situation.

12 Q So how quickly do you -- how quickly do  
13 you personally respond to a CPAP alarm?

14 A I personally don't respond to alarms  
15 anymore.

16 Q Oh, right. Of course you don't now that  
17 you're the nurse manager.

18 A (Nodding head indicating yes.)

19 Q How frequently do the nurses on your  
20 unit respond to a CPAP alarm?

21 A How frequently?

1 Q I mean how quickly, I apologize.

2 A Quickly.

3 Q What does quickly mean?

4 A As fast as they can get there.

5 Q What does as fast as they can get there  
6 mean?

7 A When they -- if -- as soon as they hear  
8 the alarm the expectation is that any nurse on that  
9 unit, not just the nurse for that patient, respond  
10 to the room.

11 Q So they -- I want to make sure I'm  
12 understanding you correctly. When an alarm sounds  
13 it is the responsibility of the nurse closest to  
14 that alarm to check to determine if there is a  
15 situation that requires action?

16 A Yes.

17 Q Is that true of all of the alarms on the  
18 unit?

19 A Yes.

20 Q So it's never the responsibility of one  
21 nurse to respond to any given alarm? Withdrawn.

1 Let me rephrase that.

2 A, a nurse is never solely responsible  
3 for responding to the alarms that occur on, for the  
4 patients for which he or she is assigned; is that  
5 correct?

6 A Can I rephrase what you're saying?

7 Q Sure.

8 A Okay.

9 Q It wasn't a very good question.

10 A It's the responsibility of all staff to  
11 respond to all alarms.

12 Q Okay. Okay. Thanks. Could a nonnurse  
13 be trained to differentiate between the different  
14 alarms on the unit?

15 A It's a nursing, it's a nursing  
16 responsibility to respond to alarms on the unit.

17 Q I understand that it is the  
18 responsibility of the nurses, but in your opinion  
19 could a nonnurse be trained to differentiate  
20 between the alarms?

21 A That wouldn't be a safe situation.

1 Q Why?

2 A Because when you hear the alarms you  
3 have to understand what the implication is of the  
4 alarm. If you hear an alarm you know it's  
5 ventricular fibrillation, you as a nurse have to  
6 know what does ventricular fibrillation mean.

7 Q So if the person responding to the  
8 alarms understood what each of the alarms meant and  
9 could communicate that to someone else, would that  
10 be an unsafe situation?

11 A A person understanding what the alarms  
12 mean would be a nurse.

13 Q Okay. Are there other -- are there  
14 nonnurses on the unit who are ever responsible for  
15 responding to alarms?

16 A Which alarms?

17 Q Any alarms.

18 A Yes.

19 Q Which alarms?

20 A The bed alarms.

21 Q And who's responsible for responding to

1 the bed alarms besides nurses?

2 A Clinical technicians. I'm sorry.  
3 Initially you asked me who I was, who we were, who  
4 reported to me. I forgot about the clinical  
5 technicians, sorry.

6 Q All right. Thank you for clarifying  
7 that.

8 A Sorry. Clinical technicians respond to  
9 bed alarms and all staff on the unit are  
10 responsible for being aware of the bed alarm and  
11 responding to bed alarms.

12 Q Are there any other alarms that  
13 nonnurses on your unit are responsible for  
14 responding to?

15 A No.

16 Q If a nonnurse hears an alarm is it ever  
17 the responsibility of that nonnurse to communicate  
18 to a nurse that the alarm has sounded?

19 A No.

20 Q Does that ever happen?

21 A No.

1 Q So if a clinical tech is in a room and  
2 the CPAP alarm goes off, the clinical tech never  
3 tells the nurse the CPAP alarm --

4 A I'm sorry.

5 Q -- has gone off?

6 A Yes, the clinical technician will tell  
7 the nurse that the CPAP alarm has gone off, yes.

8 Q Okay. So that's my previous question.  
9 Are there other situations in which nonnursing  
10 staff, or nonnurses who are on staff inform the  
11 nurses that alarms have sounded?

12 A Yes.

13 Q Okay. What other situations does that  
14 happen?

15 A The IV pumps.

16 Q Okay. Anything else?

17 A The CPAP, and that, that's it.

18 Q And the bed alarms?

19 A Yes, and the bed alarms.

20 Q Right?

21 A Sorry.

1 Q So all of the alarms, so there are  
2 nonnurses responsible for communicating that all of  
3 the alarms except the central monitoring system  
4 sound?

5 A Yes.

6 Q Okay. And you consider that a safe  
7 situation?

8 A Yes.

9 Q Were you involved in the process of  
10 evaluating Lauren Searls' request for  
11 accommodations when she was offered a position as a  
12 nurse on Halsted 8?

13 A Can you repeat the question?

14 MS. ABELSON: Do you want to read it  
15 back?

16 THE REPORTER: Sure.

17 (The reporter read the record as requested.)

18 A Can you describe evaluating?

19 Q Were you in any way involved in deciding  
20 whether or not she received the accommodations she  
21 requested?